

STATEMENT OF ECONOMIC INTERESTS

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CITY OF ALHAMBRA  
CITY CLERK'S OFFICE

Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

PLACIDO

STEVEN

1. Office, Agency, or Court

Agency Name

CITY OF ALHAMBRA

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCILMEMBER - FOURTH DISTRICT

► If filing for multiple positions, list below or on an attachment.

Agency: PLEASE SEE ATTACHED LIST

Position: PLEASE SEE ATTACHED LIST

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of ALHAMBRA

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election year \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3-12-2013

(month, day, year)

**EXPANDED STATEMENT – STEVEN T. PLACIDO, DDS – 2012**

1. SAN GABRIEL VALLEY COUNCIL OF GOVERNMENTS  
ALTERNATE REPRESENTATIVE  
(Annual – Calendar Year 2012)
2. COUNTY SANITATION DISTRICT NOS. 2 AND 16 OF LOS ANGELES  
COUNTY – MEMBER  
(Annual – Calendar Year 2012)

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name _____

**▶ 1. BUSINESS ENTITY OR TRUST**

Name STAVEN T. PLACIDO, D.D.S.  
Address (Business Address Acceptable) 420 N. CONZUELO AVE, ALHAMBRA, CA  
Check one  
☐ Trust, go to 2    ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
☐ \$0 - \$1,999      \_\_\_\_\_ / \_\_\_\_ / 12  
☐ \$2,000 - \$10,000      \_\_\_\_\_ / \_\_\_\_ / 12  
☐ \$10,001 - \$100,000      ACQUIRED      DISPOSED  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Partnership    ☐ Sole Proprietorship    ☒ OWNER Other \_\_\_\_\_

YOUR BUSINESS POSITION DENTIST

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499      ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000      ☒ OVER \$100,000  
☐ \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

☐ None  
DENTAL PRACTICE

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☒ REAL PROPERTY

420 N. CONZUELO AVENUE, ALHAMBRA, CA

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

DENTAL OFFICE

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000      \_\_\_\_\_ / \_\_\_\_ / 12  
☐ \$10,001 - \$100,000      \_\_\_\_\_ / \_\_\_\_ / 12  
☒ \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
☐ Over \$1,000,000

NATURE OF INTEREST  
☒ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_ Yrs. remaining    ☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_  
Address (Business Address Acceptable) \_\_\_\_\_  
Check one  
☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
☐ \$0 - \$1,999      \_\_\_\_\_ / \_\_\_\_ / 12  
☐ \$2,000 - \$10,000      \_\_\_\_\_ / \_\_\_\_ / 12  
☐ \$10,001 - \$100,000      ACQUIRED      DISPOSED  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Partnership    ☐ Sole Proprietorship    ☐ \_\_\_\_\_ Other \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499      ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000      ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

☐ None

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000      \_\_\_\_\_ / \_\_\_\_ / 12  
☐ \$10,001 - \$100,000      \_\_\_\_\_ / \_\_\_\_ / 12  
☐ \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
☐ Over \$1,000,000

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_ Yrs. remaining    ☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

420 NORTH EMERSON AVENUE

CITY

ALHAMBRA CA 91801

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

BANK OF THE WEST

ADDRESS (Business Address Acceptable)

300 SOUTH GRAND AVE., LOS ANGELES, CA

BUSINESS ACTIVITY, IF ANY, OF LENDER

FINANCIAL INSTITUTION

INTEREST RATE

9.5 %      ☐ None

TERM (Months/Years)

20 years

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

\_\_\_\_ %      ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name _____

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>STEVEN T. PLACIDO, DDS</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>420 NORTH GARFIELD AVENUE ALHAMBRA CA</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>DENTAL OFFICE</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>DENTIST / OWNER</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)
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Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
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► NAME OF SOURCE (Not an Acronym)  
BURKE, Williams & SORE NSEN  
 ADDRESS (Business Address Acceptable)  
444 S. Flower St., Suite 2400, Los Angeles  
CA 90071  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
DINNER AT California CONFERENCES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>FEB 2012</u>	<u>\$100.00</u>	<u>ESTIMATED COST</u>
<u>JULY 2012</u>	<u>\$100.00</u>	<u>OF DINNERS</u>
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)  
TRANSTECH ENGINEERS, INC.  
 ADDRESS (Business Address Acceptable)  
624 BREA CANYON RD., WALNUT CA  
91789  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ENGINEERING COMPANY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>MAY 2012</u>	<u>100.00</u>	<u>DINNER</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: \_\_\_\_\_